


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90246 002 \*\*\*150.00

DOCUMENT # F00000004010		
1. Entity Name COMPREHENSIVE MEDICAL IMAGING-PALM BEACH GARDENS, INC.		

Principal Place of Business 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367	Mailing Address 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367
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94061849

2. Principal Place of Business 7000 Cardinal Place Suite, Apt. #, etc.	3. Mailing Address 7000 Cardinal Place Suite, Apt. #, etc.
City & State Dublin, OH	City & State Dublin, OH
Zip 43017	Country USA



04122004 Chg-P CR2E034 (10/03)

4. FEI Number 77-0547385	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, DAVID L 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Gordon A. Troup 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD DELEVIE, MARK N 6464 CANOGA AVENUE WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Tax Michael R. Nelson 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORSTER, WILLIAM 6464 CANOGA AVE. WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Donna Brandin 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD FU, MONTY 6464 CANOGA AVE. WOODLAND HILLS, CA 91367 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUNARI, ROBERT G 6464 CANOGA AVE. WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard J. Miller 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURGOS, ED 6464 CANOGA AVE. WOODLAND HILLS, CA 91367 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Paul S. Williams 7000 Cardinal Place Dublin, OH 43017 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Michael R. Nelson, VP-Tax</u> <i>Michael R. Nelson</i>	APR 20 2004 614-757-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #